




FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency Denali Commission		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) First Alaskans Institute, 606 E Street, Suite 200, Anchorage					
4. Employer Identification Number 92-0174854		5. Recipient Account Number or Identifying Number 259-07		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2006		To: (Month, Day, Year) 1/31/2007		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006	
				To: (Month, Day, Year) 1/31/2007	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	89,776.00	89,776.00	
b. Recipient share of outlays		0.00	88,776.00	88,776.00	
c. Federal share of outlays			1,000.00	1,000.00	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share(Sum of lines c and f)				1,000.00	
h. Total Federal funds authorized for this funding period				1,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)				0.00	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate 38.58%	c. Base 1000.00	d. Total Amount 385.80	e. Federal Share 0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. No administrative costs were allocated to this award.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Tracy L. Craig, Finance Director			Telephone (Area code, number and extension) (907) 677-1716		
Signature of Authorized Certifying Official 			Date Report Submitted May 16, 2007		

ACCEPTED

ENTERED